

MDPB Minutes - March 17, 1999

Members present: R. Chagrasulis, D. Stuchiner, P. Liebow, H. Grimmnitz, J. Burton, E. Smith, P. Goth

MEMS Staff: J. Bradshaw

Regional Coordinators: Joanne LeBrun

Guests: Dr. Larry Hopperstead, Bill Dunwoody, Steve Diaz, Jeff Regis, Sue Wardwell, Paul Marcolini

Item	Discussion	Action	Follow-up
Previous minutes: January 20, 1999	None	Adopted	
Protocol Review	<p>1) Green 1 "Trauma triage protocol"; previous discussion "local" was to be added to OLMC. Was felt that this would help eliminate confusion over who prehospital provider should call in potential trauma diversion to RTC. However, this is not the way the initial trauma triage protocol was designed by MCOT. A larger issue is definition of "OLMC".</p> <p>2) Current draft of protocols distributed with comments as received from providers and others.</p>	<p>1) Keep trauma triage protocol as originally written.</p> <p>2) Make top priority discussion of OLMC.</p> <p>Review draft. Comments back to Chag or Jay.</p>	<p>Schedule time at next MDPB meeting to begin work on definition of OLMC.</p> <p>Final discussion at next meeting.</p>
Old Business A) Air ambulance protocols and scope of practice - update	A) Flight paramedic protocols and scope of practice summary as provided by Lifeflight reviewed. Medications as listed do not require Rules changes to be added, as long as they are approved in protocol. Treatments/advanced procedures are taught under curriculum as reviewed by education committee, and as approved by MEMS.	MDPB approved the medication listed in the air ambulance protocols and recommends to the Board of MEMS that the advanced treatments listed be approved for the flight paramedic in Maine, as long as these paramedics have 1) completed the specific air ambulance training program as approved by MEMS, 2) complied with the ongoing competency demonstrations as described by LOM (which includes ongoing practice in ED's and critical care units at the base hospitals), and 3) when working in a flight nurse/paramedic air ambulance team.	Continue to monitor, along with the Board of MEMS, periodic quality assurance reports from LOM.
New Business			

A) Aggrastat for Interfacility transfer	A) Platelet glycoprotein IIb/IIIa receptor inhibition agents, such as aggrastat, are being used more widely particularly by cardiologists, in acute coronary syndromes. By definition, these patients are unstable or potentially unstable, and need to have a nurse for transport.	A) For the time being, these agents will not be added to interfacility transfer training and formulary.	A) Review further as need arises
B) LifeFlight of Maine - update	Dr. Hopperstead made a presentation on the activity of LOM. Including a summary of the types of missions they have flown and the changes that have been made as a result of the LOM QI system.	Dr. Hopperstead was thanked for his presentation and invited to meet with the MDPB for future updates.	None
Medical Devices	None		
Pending/Tabled Issues A) Jackman Area Health Center use of PA's in prehospital care. B) CQI Update C) Cred/Recrud/Decred D) Alternative Health Care Destination E) Use of non-formulary drugs			
Legislative Update - Jay	Summary provided	None needed	
Next meeting		No meeting in April. Next meeting May 19, MEMS office, 0930 - 1230	
Implementation Issues		✓ 1) Refer to Board of MEMS discussion and action on LOM Flight paramedic practice	